

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

### Lifer Hearing Coverage Media Requests

Inmate's Name: \_\_\_\_\_ CDC#: \_\_\_\_\_  
Inst: \_\_\_\_\_ Date/Time of Hearing: \_\_\_\_\_  
Panel: \_\_\_\_\_

Check One: Television ( ) Newspaper ( ) Radio ( )

From: \_\_\_\_\_  
Of: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Reporter: \_\_\_\_\_ Crew: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
C.D.L.: \_\_\_\_\_ C.D.L.: \_\_\_\_\_  
S.S.#: \_\_\_\_\_ S.S.#: \_\_\_\_\_  
Photographer: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_  
C.D.L.: \_\_\_\_\_  
S.S.#: \_\_\_\_\_

Pooling: Capable? Yes ( ) No ( ) Willing? Yes ( ) No ( )

Approved: In Hearing Room ( ) In Overflow Area ( )

Deadline: \_\_\_\_\_

E.O. Approved: \_\_\_\_\_

Panel Notified: \_\_\_\_\_

Called CDC: \_\_\_\_\_ Faxed: \_\_\_\_\_

Station Notified: \_\_\_\_\_

Victim Coordinator Notified: \_\_\_\_\_

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Story Result: Positive ( ) Negative ( ) Filed ( )